

**VIRGINIA DEPARTMENT OF EDUCATION**  
**PRIVATE SPECIAL EDUCATION RESIDENTIAL SCHOOLS**  
**APPLICATION FOR A LICENSE TO OPERATE**

**I. GENERAL INFORMATION**

School Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Sponsoring Agency/Ownership \_\_\_\_\_

Operating Status: \_\_\_\_\_ For Profit \_\_\_\_\_ Non-profit

Does the owner currently operate other institutions? \_\_\_\_\_ Yes \_\_\_\_\_ No

List other schools operated below:

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School Capacity \_\_\_\_\_

Projected enrollment for coming year \_\_\_\_\_

Current Capacity \_\_\_\_\_

Age range to be served by the school \_\_\_\_\_

Grade levels (if applicable) to be served \_\_\_\_\_

Projected student/teacher ratio \_\_\_\_\_

Anticipated opening date \_\_\_\_\_

## PART II – INSTRUCTIONAL PROGRAMS

Indicate the categories of disabilities to be served by the school

- |  |  |
|--|--|
| <input type="checkbox"/> Autism                        | <input type="checkbox"/> Deaf-Blindness                        |
| <input type="checkbox"/> Deafness                      | <input type="checkbox"/> Pre-School Handicapped                |
| <input type="checkbox"/> Developmentally Delayed       | <input type="checkbox"/> Multiple Disabilities                 |
| <input type="checkbox"/> Emotional Disturbance         | <input type="checkbox"/> Orthopedic Impairment                 |
| <input type="checkbox"/> Hearing Impairment            | <input type="checkbox"/> Specific Learning Disability          |
| <input type="checkbox"/> Other Health Impairment       | <input type="checkbox"/> Severe Disability                     |
| <input type="checkbox"/> Speech or Language Impairment | <input type="checkbox"/> Visual Impairment including blindness |
| <input type="checkbox"/> Mental Retardation            | <input type="checkbox"/> Traumatic Brain Injury                |

## PART III – ACCOMPANYING DOCUMENTS

This application shall be verified and accompanied by the following items.

1. A copy of the school's catalogue or bulletin in draft form. Attach a Handbook/Catalog Checklist (Pages 5-6)
2. Copies of student record forms and any other pertinent materials relative to student records and services offered
3. A projected school calendar.
4. A Certificate of Occupancy or reports from the appropriate government agencies indicating that facilities meet building code, sanitation and fire safety standards
5. A copy of the deed or lease or other legal instrument authorizing school to occupy such location
6. A scale drawing or copy of the floor plan for the location which includes room dimensions of the location or locations where instruction will take place
7. Copies of all advertising currently used or proposed for the school
8. Schools for Students with Disabilities Checklist. (Page 7)
9. Curriculum design per enclosed instructions. (Page 8)

#### **PART IV– STAFF**

Provide staff information as indicated below

**A. Administrative Personnel**

<b>Name</b>	<b>Position/Title</b>	<b>Degree/ Major Field</b>	<b>Area(s) of Licensure</b>

**B. Educational Personnel that provide direct instructional services (teachers, instructors, etc.) with at least a four-year degree. Keep documentation or certification on file.**

<b>Name</b>	<b>Position/Title</b>	<b>Degree/ Major Field</b>	<b>Area(s) of Special Education Endorsement</b>

**C. Related Services Personnel employed by school or through contract (speech-language specialists, social workers, psychologists, physical therapists, occupational therapists, etc.). Keep documentation of certification or licensure on file.**

<b>Name</b>	<b>Degree/ Major Field</b>	<b>Certification or Licensure (list agency)</b>

**D. Other Staff**

<b>Name</b>	<b>Position/Title</b>	<b>Education</b>

**PRIVATE SPECIAL EDUCATION SCHOOL PERSONNEL QUALIFICATIONS**  
(Please Type or Print Legibly)

Name \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_ YES \_\_\_\_ NO

Name of School \_\_\_\_\_ Date Hired \_\_\_\_\_

Position \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

License(s) and/or Certificate(s) held \_\_\_\_\_  
*(please include endorsements as applicable)*

[illegible][illegible]

I certify that the foregoing information is correct to the best of my knowledge and belief. I understand that providing false or incorrect information may be grounds for negative action taken against the "Certificate to Operate" issued to the school.

Signature of Authorized Official

Date \_\_\_\_\_

Employee Signature

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Date

**DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION RESIDENTIAL SCHOOLS  
P. O. BOX 2120  
RICHMOND, VA 23218-2120**

**PARENT/STUDENT HANDBOOK CHECKLIST**

School Name \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**INSTRUCTIONS:** A prospective student's parents are entitled to sufficient data to make a rational choice of training opportunities and schools. A school is, therefore, obligated to provide sufficiently detailed data in advance of enrollment to assure that prospective student's parents clearly understand their opportunities, limitations, and obligations.

Before an applicant signs an enrollment agreement, a school should provide the applicant with a publication that is identifiable as a handbook (catalog). The handbook is designed, written, printed, and bound to convey an accurate and dignified impression of the school. It avoids false, misleading, or exaggerated statements. Illustrations and copy pertain directly to the school and sources of illustrations are clearly identifiable.

This document serves as a detailed index to aid reviewers in finding specified portions in the handbook (catalog).

A copy of this checklist is to accompany each handbook sent to the Department. The Checklist is marked to show page numbers (or references to specific covers or supplements) on which each required item is included.

The handbook of a school must include the following items. If any item is not included, the catalog should refer to the supplement that contains the item.

<b>Item No.</b>	<b>Required Items</b>	<b>Handbook Page Numbers</b>
1.	Title of Publication	_____
2.	Name and address of the school	_____
3.	Date of publication (mo/yr)	_____
4.	A statement of institutional philosophy	_____
5.	A statement of history of the institution	_____
6.	The admission requirements	_____
7.	The admission procedures	_____
8.	The educational objective of each program, including the name, nature, and level for which training is provided	_____
9.	A description the school's general physical facilities and equipment	_____
10.	Number of students in a typical class (student to teacher ratio including aides)	_____
11.	Satisfactory progress policy	_____
12.	The school's grading system	_____

<b>Item No.</b>	<b>Required Items</b>	<b>Handbook Page Numbers</b>
13.	Policy regarding development of Individualized Education Program (IEPs) for students placed by local school divisions and Individualized Program Plans for students unilaterally placed by their parents	
14.	Policy regarding management of student records	
15.	Policy regarding contact with local school divisions for publicly placed students	
16.	Policy regarding administration of Statewide Assessment Testing	
17.	Policies related to the school's program for behavior management and modification including the use of restraints, timeout, or seclusion	
18.	Policy relating to tardiness	
19.	Policy relating to attendance	
20.	Policy relating to make-up work	
21.	Policy relating to conduct	
22.	Policy relating to termination	
23.	The required levels of performance for graduation	
24.	Type of document (certificate of completion, diploma) awarded upon graduation	
25.	A calendar for the school year including beginning and ending dates of school and holidays, etc.	

## **SCHOOLS FOR STUDENTS WITH DISABILITIES CHECKLIST**

The following items/documentation must accompany the application for a certificate to operate:

1. A written statement of the school's purpose, philosophy, and objectives.
2. A clearly written admission's policy.
3. A statement regarding the proposed pupil-teacher ratios to be maintained by the school.
4. The name and qualification of the person responsible for the administration of the school. Please attach copies of appropriate credentials.
5. The name and qualification of the person responsible for the day-to-day operation of the school. Please attach copies of the appropriate credentials.
6. The names and qualifications of teachers which the school may employ. Please attach copies of current licenses.
7. The names and qualifications of audiologists or speech therapists which the school may employ. Attach copies of appropriate credentials.
8. The name and qualification of any psychologist the school may employ. Attach copies of appropriate credentials.
9. The names and qualifications of all librarians, guidance counselors, social workers, and medical personnel which the school may employ. Attach copies of appropriate credentials.
10. If the school contracts for therapeutic services through a private concern, attach a copy of the contractual agreement outlining the provisions of delivery for said services.
11. A copy of the policy regarding the supervision of volunteers and interns or students who may be receiving professional training at the school.
12. Copies of the forms for the Individualized Education Program (IEP) and Individualized Program Plan (IPP) to be used by the school.
13. A copy of the school's policies and procedures governing behavior management programs
14. A copy of the school's policy governing personnel development and inservice training for all staff.
15. A copy of the school's policy governing the use of testing and evaluation materials.
16. A copy of the school's policy governing a plan for and documentation of contact with parents, guardians, and local school division personnel.
17. The school's policy regarding the maintenance of or access to an adequately equipped library or resource center.
18. Evidence that school-owned vehicles used for the purpose of transporting students to and from school and school-related activities meet federal and state standards and are maintained in accordance with acceptable state and federal laws.

## **GUIDELINES FOR SUBMITTING CURRICULUM INFORMATION FOR SCHOOLS FOR STUDENTS WITH DISABILITIES**

**INSTRUCTIONS: When submitting curriculum information, please include the following:**

1. A statement of educational philosophy.
2. A curriculum design that addresses specific content areas for all grade levels and subject matter as well as information pertinent to the disability served.
3. A statement regarding materials to be used and necessary adaptations and/or modifications which are to be made.
4. A statement of the relationship of the curriculum design to Virginia's Standards of Learning.
5. A description of classroom management and discipline procedures.
6. A statement describing what has been done to prepare for the new program prior to submitting the request (e.g., visiting other schools, surveying the community needs, etc.).
7. Staff qualifications, endorsements, and plans for on-going inservice and coursework for unendorsed instructors.
8. A description of how the facility will handle the different disabilities within the current environment if the request is to educate more than one disability or to modify the current certificate to operate.

Please note these guidelines are to be used with new programs as well as established schools requesting to expand the scope of their services.